

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [REDACTED]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [REDACTED], [State/Location], [Disaster Name]
[Jurisdiction Name], Tin# [insert], UBI# [insert]

- 1. SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):**

- 2. DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:**

- 3. DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:**

The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, (name of event) in (state/location of event), and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.

Authorized Resources and Detail of Total Maximum Resource Cost:

Requesting State Mission Tracking #					Assisting State Mission Tracking #								
Personnel Salaries and Benefits													
First Name:	Last Name:	Phone:	E-Mail:	Position Title	Cert. Type / Card #	Regular Salary Hourly Rate	Benefit Hourly Rate	# of Reg Hrs per day	OT Hourly Rate	OT Benefit Hourly Rate	# of OT Hours per day	Volunteer Firefighter Stipend	Total Daily Cost
Ex: Robert	Jones	253.555.1212	rlones@fire.org	Engine Boss	Red Card #1234	\$ 40.00	\$ 10.00	8.00	\$ 60.00	\$ 15.00	4.00	\$ -	\$ 560.00
													\$ -
Ex: John	Doe	360-765-4321	jdoe@volunteer.net	Volunteer	Red Card #7654							\$ 100.00	\$ 100.00
													\$ -
													\$ -
													\$ -
Total Maximum Personnel Cost													\$ 660.00
Personnel Travel													
Name	POV/Mileage	AOV	Per Diem	Hotel	Shipping	Rental Car	Air Fare	Baggage	Parking	Other (Desc.)	Other (Desc.)	Total Daily Cost	
Ex: Jones	\$ 18.20	\$ -	\$ 864.00	\$ 2,116.52	\$ 80.00	\$ 77.00	\$ 540.00	\$ 45.00	\$ 96.00	\$ 12.00	\$ -	\$ 3,848.72	
												\$ -	
												\$ -	
												\$ -	
Total Maximum Travel Cost													\$ 3,848.72
Equipment (Include estimated costs for fuel OR miles - NOT both)													
Type	Kind	Description of Duties for Which Deployed Equipment Will Be Used	Daily Rate	Mileage Rate	Estimated Miles	Estimated Fuel	Total Daily Cost						
1	Ex: Type II	Rotary Wing Aircraft	for use in damage recon	\$ 250.00	\$ -	\$ 1,500.00	\$ 1,750.00						
2							\$ -						
3							\$ -						
4							\$ -						
5							\$ -						
Total Maximum Equipment Cost							\$ 1,750.00						
Total Maximum Deployment Cost							\$ 6,258.72						

Estimated Budget Summary of Total Maximum Resource Cost				
ESTIMATED DURATION OF RESOURCE DEPLOYMENT:		From		To
(Example)	Average Daily Cost	# of Resources	# of Days	Total
Salaries (A)	\$ 350.00	4	16	\$ 22,400.00
Benefits (B)	\$ 90.00	4	16	\$ 5,760.00
Goods/Services (E)**	\$ 25.00	4	16	\$ 1,600.00
Travel (G) - Lodging/Per Diem	\$ 165.00	4	16	\$ 10,560.00
Travel (G) - Other (Air/Car/Taxi)	\$ 700.00	4	2	\$ 5,600.00
Equipment (J) **	\$ 50.00	1	16	\$ 800.00
Total Maximum Resource Cost				\$ 46,720.00
** = If applicable				

IN WITNESS WHEREOF, the parties have executed this Amendment on the date last written below, and any reference to the "Agreement" shall mean "the Agreement as Amended".

For the Department:

BY: _____
 James M. Mullen, Director Date
 Emergency Management Division
 Washington Military Department

For the Jurisdiction:

BY: _____
 Name Date
 Position
 (Name of Jurisdiction)